Complete Summary

GUIDELINE TITLE

Pain.

BIBLIOGRAPHIC SOURCE(S)

Work Loss Data Institute. Pain. Corpus Christi (TX): Work Loss Data Institute; 2003. 65 p. [91 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Work-related pain

GUIDELINE CATEGORY

Diagnosis
Evaluation

CLINICAL SPECIALTY

Family Practice
Internal Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Health Plans
Nurses
Physicians

GUIDELINE OBJECTIVE(S)

To offer evidence-based step-by-step decision protocols for the assessment and treatment of workers' compensation conditions

TARGET POPULATION

Workers with occupational-related pain

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnostic Assessment

1. Initial evaluation to determine type of pain, its severity, and specific anatomic location
2. Use of pain grading scale
3. Assessment of functional status of patient
4. Determination of present medication
5. Medical history
6. Taking care not to trivialize patient's experience of pain

The following interventions were considered, but are either not currently recommended or not specifically included as major recommendations:

1. Acupuncture
2. Autonomic test battery
3. Barbiturate-containing analgesic agents
4. Behavioral interventions
5. Biofeedback
6. Botulinum toxin (Botox)
7. Diagnostic criteria for complex regional pain syndrome (CRPS)
8. Education
9. Electrodiagnostic testing
10. Exercise programs
11. Facet blocks
12. Injection with anesthetics and/or steroids
13. Interdisciplinary rehabilitation programs
14. Intravenous regional sympathetic blocks for reflex sympathetic dystrophy (RSD) (nerve blocks)
15. Lumbar sympathetic block
16. Manual therapy
17. Medications
18. Mobilization
19. Multi-disciplinary treatment
20. Muscle relaxants and anti-inflammatory drugs
21. Oral morphine
22. Opioids
23. Phentolamine infusion test
24. Physical therapy
25. Psychological evaluations
26. Sclerotherapy
27. Spinal cord electrical stimulation

28. Stellate ganglion block
29. Stress infrared telethermography
30. Sympathectomy
31. Thermography (infrared stress thermography)
32. Trigger point injections

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Ranking by quality within type of evidence:

a. High Quality
b. Medium Quality
c. Low Quality

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

The guideline developers reviewed published cost analyses.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Initial Diagnosis

The International Association for the Study of Pain (IASP) has described pain as an experience rather than a sensation. As with any experience, the feeling of pain will be different in every patient based on personal and cultural factors, both mental and physical. Physician-Patient communication allows the physician to understand the origin and the reason for the pain. Pain that is psychological in nature without evidence of tissue damage is no less real than physical pain. The key to managing pain is to focus on restoring function, rather than eliminating pain.

Initial Evaluation

First visit: with Primary Care Physician MD/DO (100%)

- Determine if there was a specific incident that caused or triggered the onset of pain.
- Determine whether the problem is acute, subacute, chronic, or of insidious onset.
- Determine the severity and specific anatomic location of the pain.
- Grade the patient's pain on a scale of 0-1-2-3-4-5, with 0 being no pain and 5 being high pain.
- Assess the ability of the patient to perform normal functions such as walking, lifting, sitting, and standing, especially as they relate to the patient's job.
- Determine any present medication.
- Determine any previous medical history, history of systemic disease, or history of previous pain or past injuries that could be causing present pain.

- Even if there is no physical evidence to explain the pain, the physician should be careful not to trivialize the patient's experience of pain; trivializing the patient's complaints could only make the patient exaggerate the symptoms in order for the pain to seem more real to the physician.

Presumptive Diagnosis

- Acute pain is a sign of real or impending tissue damage and usually disappears with healing, although the experience may still be different based on personal factors.
- Chronic pain exists when the patient continues to experience pain even after the injury has healed. Early detection of potential chronic pain patients could help in determining treatment approach.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

During the comprehensive medical literature review, preference was given to high quality systematic reviews, meta-analyses, and clinical trials over the past ten years, plus existing nationally recognized treatment guidelines from the leading specialty societies.

The type of evidence associated with each recommended or considered intervention or procedure is ranked in the guideline's annotated reference summaries.

Ranking by Type of Evidence:

1. Systematic Review/Meta-Analysis
2. Controlled Trial–Randomized (RCT) or Controlled
3. Cohort Study--Prospective or Retrospective
4. Case Control Series
5. Unstructured Review
6. Nationally Recognized Treatment Guideline (from www.guideline.gov)
7. State Treatment Guideline
8. Foreign Treatment Guideline
9. Textbook
10. Conference Proceedings/Presentation Slides

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

These guidelines unite evidence-based protocols for medical treatment with normative expectations for disability duration. They also bridge the interests of the many professional groups involved in diagnosing and treating pain.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003

GUIDELINE DEVELOPER(S)

Work Loss Data Institute - Public For Profit Organization

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available to subscribers from the Work Loss Data Institute Web site.

Print copies: Available from the Work Loss Data Institute, 169 Saxony Road, Suite 210, Encinitas, CA 92024; Phone: 800-488-5548, 760-753-9992, Fax: 760-753-9995; www.worklossdata.com.

AVAILABILITY OF COMPANION DOCUMENTS

Background information on the development of the Official Disability Guidelines of the Work Loss Data Institute is available from the Work Loss Data Institute Web site.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 2, 2004. The information was verified by the guideline developer on February 13, 2004.

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